



<b>RESTITUTION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Attorney Docket No.  10404.040.00																		
Application Number: 10/576,346		Filed: April 18, 2006																		
For: AMPHIPHILIC CYCLODEXTRIN DERVATIVES, METHOD FOR PREPARING THEREOF AND USES THEREOF																				
Art Unit: 1623	Examiner: Leigh C. Maier																			
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.																				
The requested extension and fee are as follows (check time period desired and enter appropriate fee below):																				
<table> <thead> <tr> <th></th> <th>Fee</th> <th>Small Entity Fee</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$130</td> <td>\$65</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$490</td> <td>\$245</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$1110</td> <td>\$555</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$1730</td> <td>\$865</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$2350</td> <td>\$1175</td> </tr> </tbody> </table>				Fee	Small Entity Fee	<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175
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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.																				
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.																				
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																				
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.																				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees, which may be required, or credit any overpayment, to Deposit Account No. <u>50-0911</u> .																				
I am the <input type="checkbox"/> applicant/inventor.																				
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).																				
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>33,829</u>																				
<input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____																				
		February 22, 2010																		
Signature <u>Matthew T. Bailey</u> Typed or printed name		Date																		
		(202) 496-7500																		
		Telephone Number																		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below																				
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.																				